

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2							52					
3	(1)						53					
4	(1)						54					
5							55					
6							56					
7							57					
8							58					
9	1						59					
10	1						60					
11	1						61					
12	1						62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	32						TOTAL IND.					
TOTAL DEP.	4						TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					